

This form is complex, and you may need assistance in completing it. THE ATTORNEYS REPRESENTING THE CLASS ARE COMMITTED TO HELPING YOU, FREE OF CHARGE, TO MAKE YOUR CLAIM. If you need help and think you have a claim, email jailsettlement@smrw.com with your full name, phone number, and a brief description of the basis for your claim or call 1-888-224-1197. TIME IS OF THE ESSENCE AND REQUESTS FOR ASSISTANCE MADE NEAR THE END OF THE CLAIMS PERIOD MAY GO UNANSWERED.

REMEMBER THAT YOU MUST SUBMIT A SEPARATE CLAIM FORM FOR EACH ILLNESS, CONDITION, OR INJURY FOR WHICH YOU ARE SEEKING COMPENSATION. FOR EXAMPLE, IF YOU DID NOT RECEIVE TREATMENT OR RECEIVED DEFICIENT TREATMENT FOR DIABETES DURING TWO SEPARATE INSTANCES OF INCARCERATION AT THE JAIL, YOU MUST SUBMIT A CLAIM FORM FOR EACH. SIMILARLY, IF YOU DID NOT RECEIVE TREATMENT OR RECEIVED DEFICIENT TREATMENT FOR DIABETES AND A BROKEN ARM DURING A SINGLE PERIOD OF INCARCERATION, YOU MUST SUBMIT A CLAIM FORM FOR EACH. IF YOU DO NOT UNDERSTAND OR HAVE QUESTIONS ABOUT THIS REQUIREMENT, PLEASE CONTACT THE SETTLEMENT ADMINISTRATOR OR CLASS COUNSEL.

I wish to make a claim because I was under arrest and had been transported or was being transported to the Bradley County Jail (the “Jail”) in the custody of the Bradley County Sheriff’s Office (“BCSO”)

on or about _____, 20____
month day year

and while in BCSO custody and/or confined at the Jail (a) suffered from an obvious or diagnosed illness, condition, or injury and either did not receive any medical care for it or, despite any medical attention I received, it worsened and/or I experienced unnecessary pain, suffering, or discomfort under the circumstances described below. **(If you do not know the date(s) of your confinement at the Jail, you may obtain same by contacting the BCSO at (423) 728-7300.)**

(1) I was in the custody of the BCSO, and, at the time of my confinement, was (a) diagnosed with a medical condition requiring treatment, or (b) had an illness or injury that was or should have been obvious to anyone (that is, you would not have to be a doctor or nurse to know that I needed medical assistance).

[For each of the following questions, and where indicated, answer “yes” or “no” or provide a written description or explanation. If there is not enough space below for you to answer a question fully, you may submit additional paper. If you do so, please number those responses to correspond to the numbers of the questions on this form.]

(a) Please identify the condition, illness, or injury for which you are making a claim, being as precise as possible:

If you do not know the name of the illness, condition, or injury, please identify its general nature, and provide as much detail as possible about it:

(b) With respect to the condition, illness, or injury you identified in response to Question 1(a), please describe, in as much detail as possible, what treatment you received for it while you were in the BCSO's custody [this includes treatment you received from an outside medical provider, such as a hospital or doctor's office, if the BCSO sent you to one, whether or not you were furloughed]:

(c) With respect to the condition, illness, or injury you identified in response to Question 1(a), please describe, in as much detail as possible, why you believe that the treatment you received for it while in the BCSO's custody (if any) was deficient:

(d) With respect to the condition, illness, or injury you identified in response to Question 1(a), please describe, in as much detail as possible, (a) all the times you informed anyone who worked at the Jail (both BCSO personnel and nurses) about it, whether verbally or through the kiosk, and (b) the response(s) you received:

(e) With respect to the condition, illness, or injury you identified in response to Question 1(a), was there a delay between the time you made a request (or requests) for treatment and the time you actually received treatment? If the answer is yes, please explain in detail the length of the delay or delays in receiving treatment and any other circumstances under which the BCSO or doctors or nurses at the Jail did not give you treatment as quickly or often as you believe it was needed:

(f) If you were given treatment for the illness, condition, or injury (for example, medication) you identified in response to Question 1(a), did you take it as prescribed or administered (for example, did you take all doses of medication offered to you)? If not, why not?

(g) With respect to the condition, illness, or injury you identified in Question 1(a), if you had (or have) any lasting or permanent injury, damage, or disfigurement based on the treatment

(or lack of treatment) you received while in BCSO custody, please identify and describe in detail that lasting or permanent injury, damage, or disfigurement:

(h) Since you were released from the BCSO's custody, have you sought or received any medical treatment to supplement, correct, or repair any damage you sustained as a result of the care (or lack of care) you received at the Jail for the condition you identified in response to Question 1(a)? If the answer is yes, please describe that treatment in detail.

(i) If your answer to Question 1(h) was yes, have you incurred any expenses for medical care related to the treatment (or lack of treatment) you received at the Jail? If the answer is yes, please describe the amount of those expenses, separating them by each medical provider who rendered that treatment.

(j) Has the illness, condition, or injury you identified in response to Question 1(a) worsened since you were released from the custody of the BCSO? If the answer is yes, has any medical provider told you that the worsening resulted from the treatment you received (or did not receive) at the Jail? [If the answer to one or both questions is "yes," please provide as much detail as possible about the worsening and any statements made by your medical provider concerning it.]

(k) With respect to the treatment you received (or did not receive) for the illness, condition, or injury you identified in response to Question 1(a), did you experience or have you experienced any physical or mental pain, suffering, or emotional injury? If the answer is yes, please described the nature and severity of that physical or mental pain, suffering, or emotional injury in detail.

(l) Is there anything else that you think is significant or you would like to be considered in the evaluation of this claim?

(2) With respect to the claim you are making for the illness, condition, or injury identified in response to Question 1(a), do you wish to waive your right to full review of the claim and receive a payment of \$400.00, *i.e.*, make a “Feinberg Election?”¹ **IF THE ANSWER IS YES, YOU ARE NOT OBLIGATED TO SUBMIT MEDICAL EVIDENCE AND MAY SKIP**

¹ To receive payment for a Feinberg Election, your answers to Questions 1(a)-(l) must show, by themselves, that you are entitled to compensation under the Damages Class Definition. In addition, the \$400.00 payment is guaranteed based on the number of Feinberg Elections Class Counsel *estimate* claimants will make as part of the settlement. If there are more than expected, the amount awarded may be less than \$400.00, but it will not exceed \$400.00 under any circumstances.

QUESTIONS 3 and 4, BELOW. You still must complete and sign the final page of this form.

- Yes
- No

If the answer to question 2, is no, you may be entitled to more than \$400.00. In that case, you will submit to full review by the Special Master and MUST provide medical evidence to support your claim.

In general, the medical evidence you must submit depends on the nature and consequences of the injury you claim. For example, if you are claiming that you were not treated for high blood pressure, you must submit records showing that you have been diagnosed with high blood pressure. Similarly, if you are claiming that, following your treatment (or lack of treatment) at the Jail, your illness, condition, or injury worsened as a result of that treatment (or lack of treatment), you must submit medical evidence supporting that claim.

At least SOME of the medical evidence you submit must come from a licensed provider of medical services – for example, a medical doctor (M.D.), doctor of osteopathy (D.O.), physician’s assistant, nurse practitioner, or some other medical professional. That evidence will generally take the form of medical records or a written communication or opinion from one of your treating providers. It is YOUR RESPONSIBILITY to obtain this medical evidence from your medical providers AT YOUR OWN EXPENSE. You may also submit additional evidence (for example, photographs or statements from family members or friends) but, generally, this will not be sufficient, by itself.

If you are not able to obtain the relevant medical records but still wish to proceed through full evaluation, or otherwise have questions about what records you need to submit, please contact the Settlement Administrator or Class Counsel AS SOON AS POSSIBLE.

(3) Please identify all medical providers whose information you are providing in support of your claim, listing (a) dates of treatment by them, (b) the diagnosis or diagnoses they made, (c) any treatment they prescribed, and (d) if applicable, any opinion they offered about your treatment (or lack of treatment) at the Jail for the illness, condition, or injury you identified in response to Question 1(a).

(4) Please identify and describe all other evidence you are submitting in support of your claim, *e.g.*, photographic evidence or statements from family or friends. IF YOU ARE SUBMITTING STATEMENTS FROM FAMILY OR FRIENDS ABOUT YOUR CONDITION, YOU MAY USE ONE OF THE FORMS PROVIDED ON THE WEBSITE. OTHERWISE, ANY STATEMENT BY SUCH PERSON (1) MUST PROVIDE THEIR FULL NAMES, ADDRESSES, RELATIONSHIP TO YOU, AND CONTACT INFORMATION, AND (2) THEIR STATEMENTS MUST (A) BE SIGNED AND DATED, (B) STATE THAT THEY ARE BASED ON PERSONAL KNOWLEDGE, AND (C) CONTAIN THE FOLLOWING STATEMENT ABOVE THE SIGNATURE LINE: “I DECLARE (OR CERTIFY, VERIFY, OR STATE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.”

I understand that my entitlement to compensation, if any, will be determined in accordance with the procedures of this class action settlement as more fully explained in the Class Notice mailed to class members and in documents posted on the Settlement Administrator’s website.

You must submit this completed Claim Form on the Claim Administrator’s website (www.bradleycountyjailsettlement.com) **NO LATER THAN 11:59 p.m. March 8, 2024** or mail this Claim Form to the Claim Administrator at *Eden v. Bradley County*; Settlement Administrator, Post Office Box 10584, Tallahassee, FL 32302-2584, with a postmark dated **NO LATER THAN March 8, 2024** in order to be eligible to receive money from the class fund.

If your Claim Form is not submitted or mailed by the deadlines above, you may still be considered a member of the class and be bound by the settlement, but you will not receive any money.

YES, I WISH TO MAKE A CLAIM.

By signing this form below, I am confirming that the above information is correct to the best of my knowledge, information, and belief and that:

- I am the Claimant identified above and am over the age of 18 **OR** I am the person authorized by law to submit this claim on behalf of that Claimant.
- I have not received any money or compensation for any of the claims involved in this case.
- By signing this form, I am agreeing to be bound by this settlement, releasing the claims covered by this lawsuit, and waiving my right to file any other lawsuit based on them even if I am ultimately found not to have a valid claim.
- I will abide by, and be limited by, the Class Action Settlement as approved by the Court.
- I will keep the Settlement Administrator informed of my whereabouts at all times.

I declare under penalty of perjury that the information given above is true and correct to the best of my knowledge, information, and belief.

Date: _____

Signature of Claimant: _____

Date: _____

Signature of Authorized Person, if applicable:

IF YOU WOULD LIKE HELP WITH THIS FORM:

You may call the Settlement Administrator at 1-888-224-1197. Alternatively, you can contact the attorneys for the settlement classes by sending an email to jailsettlement@smrw.com and providing your (1) full name, (2) date of birth, and (3) a phone number where you can be reached. FAILURE TO PROVIDE THIS INFORMATION may delay or prevent a response to your inquiry. The Settlement Administrator and/or Class Counsel will help you, FREE OF CHARGE, to determine whether you appear to meet the criteria for a valid claim for financial benefits. If the attorneys determine that your claim appears to be valid, they will also help you to complete this claim form.

Also, as mentioned above and in the notice, if you are making more than one claim, a **separate claim form is required to be submitted by you for each claim in order to receive money for each valid claim.** The attorneys for the settlement classes can help you (a) determine whether you have more than one claim, (b) provide all of the information you need to complete the claim form for each claim, and (c) assist you in completing those forms. THIS ASSISTANCE IS AT NO CHARGE TO YOU.